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DEPARTMENT OF MENTAL HEALTH

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Reply To: (213) 251-6801
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October 17, 2007

TO: Each Supervisor

FROM: Marvin J. Southard, D.S.W.
Director of Mental Health

SUBJECT: **PROGRESS REPORT- MENTAL HEALTH SERVICES ACT
COMMUNITY SERVICES AND SUPPORTS PLAN IMPLEMENTATION**

Attached is the Mental Health Services Act (MHSA) Community Services and Supports (CSS) Plan Implementation Progress Report for your review. This report tracks the progress made and the status of implementation of MHSA CSS programs and services from January 1, 2007 through June 30, 2007.

The document is also posted on the Los Angeles County Department of Mental Health's web site at (<http://dmh.lacounty.info/stp/>).

If you have any questions or need additional information, please let me know, or your staff may contact Gladys Lee @ Gllee@lacdmh.org or call her at (213) 251-6801.

Thank you for your attention.

MJS:DM:GL:ty

Attachment

COUNTY OF LOS ANGELES

DEPARTMENT OF MENTAL HEALTH



MENTAL HEALTH SERVICES ACT COMMUNITY SERVICES AND SUPPORT PLAN IMPLEMENTATION PROGRESS REPORT

January 1, 2007 to June 30, 2007

Marvin J. Southard, D.S.W., Director, Department of Mental Health

On February 14, 2006, the California State Department of Mental Health (DMH) approved the Mental Health Service Act (MHSA) – Community Services and Support (CSS) Plan for the Los Angeles County Department of Mental Health (LACDMH). The first Progress Report covering the February 1, 2006 through December 31, 2006, described LACDMH's CSS Plan implementation activities, identified system achievements and programmatic successes, and pointed out the challenges and barriers encountered in the path to providing MHSA services to our clients. This Implementation Progress Report will provide progress on similar issues covering the period from January 1, 2007 to June 30, 2007.

SERVICE CATEGORY: FULL SERVICE PARTNERSHIPS

The primary emphasis of the period between January 1 and June 30, 2007 was on launching the Full Service Partnership (FSP) programs, and in the release of RFS No. 2. Under Full Service Partnerships, the county agrees to work with the individual and his/her family, as appropriate, to provide all necessary and appropriate services and supports in order to assist that person/family in achieving the goals identified.

❖ Children (Ages 0-15)

Services for Children's FSPs are provided by a LACDMH directly operated clinic and by contracted agencies. Scoring and selection of agencies for RFS No. 2 for SAs 1, 6 and 7 (Supervisory Districts 1,2, and 5) have been completed and contracts were in the process of being signed at the end of June, 2007. The Board approved funding sixteen (16) agencies for RFS No. 2, for a total of 659 Children's FSP slots. The agencies include: ALMA, Children's Institute Inc., EMQ, Enki, Gay and Lesbian Adolescent Social Services, Hathaway-Sycamores Child & Family Services, Institute for the Redesign, Kedren, The Guidance Center, The Los Angeles Child Guidance Center, Optimist, Pacific Clinics, Providence, Special Service for Groups, and Star View.

For RFS #1 and #2, of the 1733 allocated Children's FSP slots, 309 clients, or 18% were authorized for services. Clients continue to be authorized and enrolled into FSP programs on an ongoing basis.

❖ Transition Age Youth (Ages 16-25)

Consensus scoring for RFS No. 2, FSP services for Children and Transition Age Youth (TAY) for Service Areas 1, 6, and 7 (Supervisory Districts 1, 2, and 5) and selection of agencies were completed early in 2007. The Board approved funding of eleven (11) agencies for RFS No. 2, for a total of 390 TAY slots. Five of these eleven agencies had also received funding through RFS #1. The agencies awarded FSP slots include: Gay and Lesbian Adolescent Social Services (GLASS), Kedren Community Mental Health Center, Los Angeles Child Guidance Clinic, Associated League of Mexican Americans, Inc. (ALMA) Family Services, Counseling and

Research Associates (dba Masada Homes), Providence Community Services, National Mental Health Association of Greater Los Angeles, Pacific Clinics, Portals House, Special Service for Groups, and Star View Adolescent Center, Inc. Contracts were amended and preparatory work was completed to ensure agencies could begin delivering FSP services to TAY beginning July 1, 2007.

For RFS #1 and #2 of the 1122 allocated TAY FSP slots, 255 clients or 23% were authorized for services. Clients continue to be authorized and enrolled into FSP programs on an ongoing basis.

There are continued challenges in implementing services for this age group. Recruitment, hiring, and securing space for staff are examples of front-end challenges. Training for staff to address TAY-specific issues continues to be a necessity. This includes housing, co-occurring disorders, skill-building, outreach and engagement (O&E) and related mental health and supportive services that support the recovery focus model for TAY.

County of Los Angeles - Department of Mental Health Full Service Partnership (FSP) Contractors Children and TAY RFS # 2			
Contract Agency	Children	TAY	Supervisory District
<i>ALMA Family Services</i>	X	X	1,2,5
<i>Children's Institute, Inc.</i>	X		
<i>Counseling and Research Associates (dba MASADA Homes)</i>		X	1,2,5
<i>EMQ</i>	X		
<i>Enki</i>	X		1,2
<i>Gay and Lesbian Adolescent Social Services</i>	X	X	1,2,5
<i>Hathaway - Sycamores Child and Family Services</i>	X		
<i>Institute for the Redesign</i>	X		1
<i>Kedren</i>	X	X	1,2,5
<i>National Mental Health Association of Greater Los Angeles</i>		X	1,2,5
<i>Optimist</i>	X		1,5
<i>Pacific Clinics</i>	X	X	1,2,5
<i>Portals House</i>		X	1,2,5
<i>Providence</i>	X	X	1,2,5
<i>Special Services for Groups</i>	X	X	1,2,5
<i>Star View Community Services</i>	X	X	1,2,5
<i>The Guidance Center</i>	X		
<i>The Los Angeles Child Guidance Center</i>	X	X	1,2,5

❖ **Adults (Ages 26-59)**

At the end of June, 2007, out of 2,611 allocated slots, a total of 1,181 clients (45%) were authorized in adult FSPs for all providers. A year-long certification training program has been developed for FSP providers that includes training on Outreach and Engagement, Elements of Recovery, Wellness Recovery Action Planning, Supported Housing, Supported Employment, Motivational Interviewing and other topics relevant to FSPs. These trainings will be made available to FSP clinicians, supervisors of teams, as well as mental health peer advocates. The trainings are scheduled to begin in October, 2007.

RFS #2 ADULT FULL SERVICE PARTNERSHIPS CONTRACT PROVIDERS LIST		
Provider Name	Sup District	Service Area
Barbour & Floyd Medical Association	2	6
California Hispanic Commission on Alcohol and Drug Abuse (CHCADA)	1	4,7
Didi Hirsch CMHC	2	5,8
Exodus Recovery, Inc.	2,4	5,6,8
Hillview MHC, Inc.	3	2
Institute for Multicultural Counseling & Education Services (IMCES)	2,3,5	2,4
Kedren CMHC	1,2	6
Mental Health Association Antelope Valley	5	1
Pacific Clinics (West Covina, Pasadena, El Camino MHC)	1,5	3,7
Portals House	1,2	4,6
Prototypes	5	3
San Fernando Valley CMHC, Inc.	3	2
Special Service for Groups SSG- API Alliance	1,2	CW
Special Service for Groups SSG- NON API	1,2	4,6
Step Up On Second Street, Inc.	3	5
Tarzana Treatment Center	3,4	2,8
Telecare LA	1,4	4,7
Verdugo MHC	1,5	2

❖ **Older Adults (Ages 60 and Older)**

During this reporting period, all the contracts with the selected agencies to deliver FSP services countywide were finalized and processed. As of the closing of this period, (90) clients, or (33%) of the 269 Older Adult FSP funded slots were authorized for services. The Countywide Older Adult Program office has been holding weekly meetings with the providers to review referrals, conduct case findings, and assign clients to agencies for outreach, engagement, and services.

The following is a listing of the Older Adults contracted providers. Please note that not all of the agencies listed have physical sites in each area, however, they provide services to that area.

County of Los Angeles - Department of Mental Health Full Service Partnership (FSP) Contractors Older Adult RFS # 1		
Contract Agency	Service Area(s)	Supervisory District(s)
Didi Hirsch Community Mental Health Center	5	2, 3
Heritage Clinic – DBA Center for Aging Resources	1,2,3,4,8	1,2,3,4,5
Pacific Clinics	3, 7	1, 4, 5
Portals	4, 6	2, 3
San Fernando Valley Community MHC, Inc.	2	3
Special Services For Groups (Asian Pacific Islanders)	2,3,4,8	1,2,3,4,5
Telecare	7, 8	1,2,4

SERVICE CATEGORY: GENERAL SYSTEM DEVELOPMENT

Between January and June, 2007, a number of major work plans were implemented under the General System Development programs.

❖ **Family Support Services for Children**

Family Support Services provide access to mental health services for parents of Seriously Emotionally Disturbed (SED) children. These services were included in RFS No. 1 and 2 and continue to be implemented concurrently with the FSPs.

❖ **Children's Integrated Mental Health/COD Services**

During the first year, the focus will be on intensive training for FSP treatment teams to develop competence in integrated COD assessment, diagnosis and treatment. At

the end of Fiscal Year 2006-2007, University of California, Los Angeles (UCLA) had been identified and approved by the Department and was pending Board approval.

❖ **Children's Family Crisis Services- Respite Care**

In-home supportive care for families providing constant care for seriously emotionally disturbed (SED) children, designed to relieve families of stress and strain. The Board letter authorizing an award to Pacific Clinics was adopted on March 13, 2007, and implementation of the program started shortly thereafter. During this reporting period, there were 32 referrals for respite care.

❖ **TAY Housing Services: Housing Specialists**

Housing Specialists assist in securing housing for TAY consumers, who often have no history of living independently. This program is currently comprised of six Housing Specialists. In collaboration with the Department's Adult Systems of Care (ASOC) and Training Bureau, in June, 2007, staff participated in the First Annual Housing Specialists' Training Institute's series of trainings. The purpose of this institute is to develop ASOC and TAY Housing Specialists by offering relevant training topics that will enhance their ability to provide comprehensive housing services to clients. The topics in the trainings included the Recovery Model; Linkage between PTSD and Substance Abuse; Crisis Intervention with Suicidal Individuals in the Field; Field Safety; Effective Housing Placement and Retention; American Disabilities Act (ADA), Fair Housing, Reasonable Accommodations; Tenants Rights; and Administering Emergency Shelters. Additional trainings are being planned for Fiscal Year 2007-2008.

❖ **TAY Drop-In Centers**

Request for Services (RFS) #12 for TAY Drop-In Centers was approved and released on February 9, 2007. Scoring was completed, and at the end of June, 2007, the Department was in the process of making final decisions regarding award recommendations. Two TAY Drop-In Centers are planned to be running by December, 2007.

❖ **TAY Housing Services Emergency Housing Vouchers**

The TAY Housing adhoc workgroup developed a plan for an Enhanced Emergency Shelter Program for SED/SPMI TAY. The program will address basic needs (e.g. food, clothing, and shelter) in addition to enhancements that may include other support services such as short-term case management, transportation assistance, linkage to substance abuse treatment, health services, educational, vocational services, skill building, and money management. The RFI release is scheduled for early August, 2007, and it is anticipated that the Enhanced Emergency Shelter Program will be operational by December, 2007.

❖ TAY-Housing Services Project-Based Subsidies

The TAY Housing Services Project-based subsidies will provide operating subsidies that will assist eligible SED/SPMI TAY in securing permanent housing. Between January and June, 2007, The Department formalized its collaborative partnership with the Los Angeles County Community Development Commission (CDC), whose role is to manage a portion of the funding made available by the Board of Supervisors through the Homeless Prevention Initiative (HPI). The MHSA TAY Project-Based operating subsidies will be leveraged through the HPI Homeless and Housing Program Fund Request for Proposal (HHPF-RFP) scheduled for release by the CDC in July 2007.

❖ TAY Probation Services

Request for Services (RFS) #13, Probation Camp Services, was approved and released on February 9, 2007. The consensus scoring process was completed in May 2007. Award recommendations were completed and approved by the Department's Executive Management Team (EMT), at the end of Fiscal Year 2006-2007. The following agencies were awarded: San Fernando Community Mental Health Centers, Inc; Gateways Hospital and Mental Health Center; and Associated League of Mexican Americans (ALMA). The goal, upon Board approval, is for implementation in the first quarter of Fiscal Year 2007-2008.

❖ Adult Wellness/Client-Run Centers

RFS 7 yielded 7 Wellness Centers and 8 Client-Run Centers with contract agencies that complement the 14 directly operated Wellness Centers approved by the Board in November, 2006. Contract and directly operated providers are in the process of hiring staff and finding locations for these programs. Programs are identifying clients who are ready to transition to Wellness Center services and developing engagement strategies for those clients who require additional time to make the transition. Monthly provider meetings initiated in May have focused on core service strategies and providing services in the field while new sites are being located.

By virtue of the fact that Wellness and Client-Run Centers employ trained, recovered consumers as peer advocates, transformation is occurring. Consumers are beginning to consider employment and education as viable, achievable options in their lives. Similarly, mental health professionals are adopting greater understandings of recovery. In one case, a supervising social worker has developed a collaborative of staff hired for Wellness Centers with the goal of increasing staff exposure to various program and operational models of service.

Adult Systems of Care – Jail Mental Health Wellness and Client Run Centers				
Agency	Sup. District	Service Area	# of Wellness Centers	# of Client Run Centers
Antelope Valley MHC	5	1	1	
Arcadia MHC	5	3	1	
CA Hispanic Commission	1, 4	7		1
Compton MHC	2	6	1	
Edmund D. Edelman Westside MHC	3	5	1	
Exodus Recovery	2	6	1	
Harbor-UCLA	2	8	1	
Hillview	3	2	1	
Hollywood MHC	3	4	1	
National Mental Health Association	1, 2, 4, 5	1, 6, 7, 8	2	2
Northeast MHC	1	4	1	
Pacific Clinics	5	3, 7	1	2
Portals	2	6	1	
Rio Hondo MHC	1, 4	7	2	
San Fernando MHC	5	2	1	
San Fernando Valley CMHC	3	2		1
San Pedro MHC	4	8	1	
Social Model Recovery System	5	3	1	
South Bay MHC	2	8	1	
Special Services for Groups	1, 2	4		1
Step Up On Second	3	5		1
West Central MHC	2	6	1	
West Valley MHC	3	2	1	
Total			21	8

❖ **Adult IMD Step-Down Facilities and Alternative Crisis Services-Enriched Services**

LACDMH has implemented four Institutions for Mental Disease (IMD) Step-down Facilities and one Enriched Services program. The programs are: Percy Village I and II; Normandie Village; Telecare Atlas Step-Down Program; and SSG IMD Step-Down Program. These programs provide supportive on-site mental health services and limited operational costs for 165 individuals at selected licensed Adult Residential Facilities, and in some instances, assisted living, congregate housing, or other independent living situations. The programs serve persons being discharged from IMDs, acute psychiatric inpatient units or intensive residential facilities, or those who are at risk of being placed in these higher levels of care. These programs target individuals in higher levels of care who require on-site mental health and supportive services to transition to stable community placement and prepare for more independent living. Programs are designed to break the cycle of costly emergency and inpatient care and promote successful community reintegration. During this reporting period, 93 individuals were served and moved to less restrictive levels of care.

❖ **Adult Housing Specialists**

On June 18, 19, & 20, 2007, DMH conducted the Housing Specialist Training Institute for the recently hired DMH Countywide Housing Specialists and the housing specialists hired in the directly operated and contracted Full Service Partnership Programs. The 3-day Institute was an overwhelming success with an average daily attendance of approximately 87 participants. The initial review of training evaluations indicates that the Institute was well received by all attendees. The housing specialists are outreaching to property owners/landlords to develop new housing resources for clients. They are also assisting clients with finding affordable and safe places to live and applying for housing subsidies such as Shelter Plus Care and Homeless Section 8.

❖ **Adult Jail Transition and Linkage Services**

The Adult Jail Linkage Program has been fully operational for the period between January and June 2007. The Jail Linkage Program has received approximately 900 referrals from various sources including the Jail Mental Health Services staff, Public Defenders, the Department of Mental Health Court Program and family members. The Jail Linkage team is working in close collaboration with the Jail Mental Health Services team to complete thorough client assessments and to develop comprehensive discharge plans. The Jail Linkage staff is also working extensively with the FSP providers to provide consultation and support, and to ensure the client's release from the jail is well coordinated.

❖ Adult Supportive Housing Services Safe Haven

The Safe Haven Transitional Housing Program provides housing for adults who are chronically homeless and have been unable or unwilling to seek treatment or housing due to their psychiatric disorder. Development of the program was coordinated with the County's interdepartmental process to address homelessness through the implementation of the Homeless Prevention Initiative. The Request for Proposals for the Homeless and Housing Programs, a component of the Homeless Prevention Initiative, was released July 17, 2007 which included the Safe Haven Transitional Housing Program. It is anticipated that a contractor will be selected and a contract entered into by early 2008, upon the Board's approval.

Housing Trust Fund

In early 2007, the Director of LACDMH, Marvin J. Southard, DSW, appointed a Housing Trust Fund (HTF) Advisory Board composed of stakeholders, including consumers, family members, other city and county housing departments, county departments and homeless and housing community advocates. The purpose of the HTF Advisory Board is to provide recommendations to the Department regarding housing issues related to MHSA funding. The Advisory Board has developed and recommended funding criteria and principles for the \$11.5 million allocated in the Community Services and Supports Plan for supportive services and operating subsidies.

❖ Older Adult Transformation Design Team

The function of the Transformation and Design Team is to provide system support to develop the infrastructure of older adult services within the framework of MHSA. All the key staff had been hired. The team also had begun working on various projects and assignments including data, outcome measure, as well as workforce development and training issues that pertain to older adult mental health services. Older Adults delegate and staff were also represented at a newly formed Data Workgroup under the auspices of the DMH System Leadership Team (SLT) which was held in June, and will continue to participate in this SLT Data Workgroup to address and work on older adult data concerns on an ongoing basis.

❖ Older Adult Training

During January and June, 2007, a 5-pronged Older Adult training program was implemented which included: 1) Retraining existing mental health professionals through a certificated older adult training program (96 hours); 2) Service extender training program (Service Extenders are peer counselors and family advocates that work with interdisciplinary teams to reduce older adults' social isolation); 3) DMH and contract older adults specialty training; 4) Ancillary training for community partners such as Adult Protective Services, law enforcement, etc.); and 5) System navigator training. Training was conducted on the following topics: Service Extender Provider Training the Trainer (5-day intensive training in April, 2007); Mental Health

– Health Collaborative Model; Recovery Model Retreat; and Faith-Clergy Leaders and Older Adults (2 sessions).

❖ **Older Adult Field Capable Clinical Services (FCCS)**

The Field Capable Clinical Services (FCCS) Program for Older Adults is the first system-wide, service area-based clinical program in the Department focused exclusively on older adults, ages sixty (60) and above. FCCS will build the capacity of DMH to serve this significantly underserved population with specifically trained professional and paraprofessional staff working together as part of a multi-disciplinary team. A minimum of sixty percent (60%) of the services are provided outside the traditional mental health clinic in field-based locations often preferred by older adults, such as clients' homes, senior centers, senior public housing complexes, or primary care provider offices. Between January 1, 2007 and June 30, 2007, 130 clients were served by FCCS. FCCS represents a critical component in the development of a continuum of care for older adults. Please note that not all of the agencies listed have physical sites in each area, however, they provide services to that area. FCCS orientation meetings were held in May, 2007 for the DMH directly-operated and contract agencies.

DMH Program	Service Area(s)	Supervisory District(s)
Antelope Valley MHC	1	5
West Valley MHC	2	3, 5
Arcadia MHC	3	1,5
Northeast MHC	4	1
Edelman MHC	5	2, 3
Augustus Hawkins Family Service Center	6	2
West Central Family Service Center	6	2
Rio Hondo MHC	7	1, 4
Long Beach MHC	8	4
San Pedro MHC	8	4
GENESIS	All	All

In April 2007, the Board approved (7) FCCS contracts, including (8) community partners.

Legal Entity	Primary Site(s)	Sub-Contract Site(s)	Supervisory District(s)	Service Area(s)
Heritage Clinic (DBA Center for Aging Resources)	1. Antelope Valley 2. Pasadena 3. Inglewood	N/A	1,2,3,4,5	1,2,3,4,8
Hillview Mental Health Center	Pacoima	<i>Alicia Broadus-Duncan Multipurpose Senior Center, Pacoima</i>	3	2
Jewish Family Service of Los Angeles (new)	1. Los Angeles 2. N. Hollywood		3	4
		<i>Behavioral Health Services , Gardena</i>	2,4	8
		<i>Chinatown Service Center , Los Angeles</i>	1,2	4
		<i>Los Angeles Free Clinic Los Angeles</i>	3	4
		<i>Catholic Charities-OASIS Older Adult Program, Canoga Park</i>	3,5	2
		<i>South Bay Family Healthcare Center Torrance</i>	2,4	8
Pacific Clinics	1. Rosemead 2. Santa Fe Springs	N/A	1,4,5	3,7
Saint Joseph Center	Santa Monica		2, 3	5
		<i>Center for Health Aging Santa Monica</i>	2, 3	5
San Fernando Valley Community Mental Health Center, Inc.	Van Nuys	N/A	3	2
Special Service For Groups	Los Angeles		1,2,3,4,5	2,3,4,6,8
		<i>Tessie Cleveland Community Services Corp. South L.A.</i>	2	6

❖ Older Adult Service Extenders

Service Extenders are peers in recovery or family members who are working as a part of Field Capable Clinical Services teams to provide support and serve as “bridgers” to the FCCS clients, especially for those who are isolated. This is a stipend program, and volunteering is also welcomed. Funding for service extender stipends were approved as part of the Board Action on FCCS programs. It is anticipated that service extenders will be recruited once training has been provided in Fiscal Year 2007-08.

❖ Older Adults Training

As part of the Older Adult training plan adopted by the older adults stakeholders, the following are highlights of the older adult training implemented during this reporting period:

- (1) Completion of provider solicitation and selection through the Department’s Request for Service (RFS) process to develop a curriculum and provide two repeated certificated 96-hour older adult training programs. The selected training agency is Center for Healthy Aging (CHA). Training has been targeted for implementation in Fiscal Year 2007-08.
- (2) A five-day immersion training to staffs who were interested or hired to provide mental health services to MHSA funded older adult programs
- (3) Completion of the second repeated five-day “training the trainer” course on service extenders.

❖ Alternative Crisis Services: Urgent Care Centers

Urgent Care Centers (UCC), which are geographically located, provide intensive crisis services to individuals who otherwise would be brought to emergency rooms. The UCC focus is on recovery and linkage to ongoing community services and supports and are designed to impact unnecessary and lengthy involuntary inpatient treatment, as well as promote care in voluntary treatment settings that are recovery-oriented. LACDMH has implemented two directly operated UCCs and one contracted UCC, which opened in December 2006. These include Augustus F. Hawkins UCC; Olive View Urgent Community Services, and Westside Urgent UCC. 2,201 clients have been served through these Urgent Care Centers. A Crisis Resolution Services program has been approved by the Board of Supervisors in March 2007 and is being implemented at Downtown Mental Health Center. An additional UCC is currently under development for Los Angeles County /University of Southern California Medical Center with implementation planned for October 2007. The Urgent Community Services Project is not yet LPS designated, and is currently co-located with a directly operated clinic and only operates during clinic hours. As a

result, referrals are received from the Olive View psychiatric emergency room, rather than diverting the clients by having them come in directly. We will not have that capacity until a permanent site is built for the urgent care services.

❖ **Alternative Crisis Services: Countywide Resources**

Countywide Resource Management (CRM) has centralized and provided overall administrative, clinical, integrative, and fiscal management functions for the Department's acute inpatient program for uninsured children and adults; adult/older adult long-term institutional, crisis residential, intensive residential and supportive residential resources; the Interim Fund program; and Residential and Bridging Services.

Under MHSA, CRM implemented four Institutions for Mental Disease (IMD) Step-down Facilities and the Enriched Services that serve 165 individuals being discharged from higher levels of care. CRM has overseen the transition of approximately 5,667 clients between higher levels of care and community-based services and supports over the past six months.

❖ **Alternative Crisis Services: Residential and Bridging**

Psychiatric social workers and peer advocates assist in the coordination of psychiatric services and supports for TAY, adults and older adults with complicated psychiatric and medical needs who are being discharged from County hospital psychiatric emergency services and inpatient units, IMDs, crisis residential, and intensive residential programs. The program ensures linkage to appropriate levels and types of mental health and supportive services through collaboration with Service Area Navigators, FSPs, residential providers, self-help groups, and other community providers. Peer advocates provide self-help support groups in IMDs and intensive residential programs to support individuals successfully transitioning to community living.

❖ **Service Area Navigators**

Service Area Navigators are responsible for developing community partnerships that result in a community network that addresses the needs of individuals and families with mental illness. This involves outreach and engagement to the community, linking individuals and families to appropriate mental health services, oversight of client enrollment into Full Service Partnership (FSP) Programs and consultation on available mental health resources.

Key activities during this period have been overseeing the enrollment of clients into FSP Programs and linking community members with services to meet their mental health needs. Navigators have responded to a variety of needs of community members including referrals for mental health services, housing, general information about DMH and our services, clinical consultation, and working through barriers that prevent clients from receiving services.

60% of the sixty Child, Adult/Older Adult Service Area Navigator positions have now been filled. While most navigators are focused primarily on authorization of FSP

clients, navigation activities also include mental health promotion in various communities and MHSA provider support and monitoring. Between January and June 2007, 3,270 referrals were made by Child, Adult/Older Adult Service Area Navigators to Mental Health Services.

In January and February, Navigators participated in “Navigator Boot Camp”, two day-long training sessions focused on mental health and ancillary services, including the mental health court program, homeless and housing resources, benefits establishment services, hospital and other institutional programs. Navigators spend the bulk of their time developing community partnerships and networks, outreaching and engaging clients to bring them into the mental health system and providing consultation about mental health resources available in our system that can assist consumers.

From January through June 2007, the TAY Division focused on growing its countywide Navigation Team. During this reporting period the TAY Navigation Team grew in number to thirteen (13) team members comprised of one (1) Supervising Psychiatric Social Worker, six (6) System Navigators, and six (6) Housing Specialists. Additionally, the TAY Division added a Program Head to manage all TAY Navigation Team activities.

The TAY Navigators bring with them diverse backgrounds and work experiences. For example, the TAY staff has expertise in working with the juvenile justice system, the Department of Children and Family Services, Probation, family counseling services, medical and psychiatric hospitals, and the adult jail system. The TAY Navigation Team is represented by a variety of ethnic backgrounds and cultures, including Asian/Pacific Islander, Latino/Hispanic American, African American, Armenian, Caucasian, Costa Rican, and Cuban American. Languages spoken include English, Spanish, Mandarin, Taiwanese, Armenian, Farsi, Russian, German, and Yoruba (an African language).

The TAY Navigation Team continued to actively participate in the FSP referral screening and disposition processes, in collaboration with the Service Area Impact Unit Coordinators. During the reporting period, the TAY Navigators conducted outreach and engagement, screenings, research, and/or resource linkages on over 200 case referrals.

Finally, the TAY Navigation Team continued to conduct MHSA outreach presentations in collaboration with Service Area Navigators, Outreach Specialists, and FSP providers to promote knowledge about MHSA and increase utilization of the FSP programs. Outreach activities have been conducted at a variety of sites, including Edelman Children’s Court, local colleges, and mental health conferences.

SERVICE CATEGORY: OUTREACH AND ENGAGEMENT**❖ Planning, Outreach and Engagement**

The main objective of Outreach and Engagement is to effectively initiate transformation by increasing MHSA awareness to unserved, underserved, and inappropriately served populations and Under-Represented Ethnic Populations (UREP), across all eight (8) SAs. Between January 1 and June 30, 2007, LACDMH Outreach and Engagement staff outreached and engaged over 13,800 people throughout Los Angeles County.

Consumers, family members, parents, and caregivers were given the opportunity, through a series of three orientation trainings, to not only increase their understanding of MHSA, but also to increase their skill development and involvement. These trainings addressed MHSA, information pertaining to SAACs and Service Areas, and Meeting Decorum. In addition, outreach and engagement efforts are ongoing to promote the inclusion of consumers, family members, parents, and caregivers in the process to increase MHSA awareness to UREP and unserved, underserved, and inappropriately served communities.

MHSA outreach and engagement staff has:

- Attended a Mental Health Conference for Faith-based leaders sponsored by the National Endowment where over 200 Clergy and Faith-based organizations were in attendance. (Service Area 4, Supervisory District 1)
- Participated in a Health Fair sponsored by Supervisor Michael Antonovich, 5th District, attended by more than 250 community members, consumers, and family members. (Service Area 2, Supervisory District 5)
- Attended a Resources Event at La Casita Treatment Shelter for women recovering from addiction attended by Supervisor Don Knabe, 4th District, and Kirk Cartozian, Downey City Councilmember. (Service Area 7, Supervisory District 4)
- Participated in a City of Beverly Hills Human Services Roundtable discussion on how to better serve at-risk populations, attended by clergy, faith-based organizations and other county and city departments. (Service Area 5, Supervisorial District 3)
- Provided MHSA information and training to 70 employees in the City of Hawthorne, including the Hawthorne Police Department. (Service Area 8, Supervisorial District 2)
- Hosted the Annual Family Literacy Fair at Exposition Park attended by thousands of school age children, caregivers, and parents. The event was a celebration of children getting a head start in their education, with a focus on enhancing educational and mental health outcomes. (Service Area 6, Supervisorial District 2)
- Established working relationships with local neighborhood councils and community leaders by providing them with educational materials and information

about MHSA services. Outreach and engagement efforts are focused on increasing awareness to reduce stigma, countering Nimby-ism, and integrating consumer and family member feedback into the planning process for transformation of our mental health system. (Countywide)

- Provided MHSA informational handouts at the Valley College Youth Summit in Van Nuys attended by over 400 student leaders, TAY and children. (Service Area 2, Supervisorial District 3)
- Participated in the “Remembering Our Veterans” resource fair. (Service Area 3, Supervisorial District 5)
- Outreached to disabled students at Cal State University, Long Beach’s Disabled Student Services and Counseling Center (Service Area 8, Supervisorial District 4).
- Participated in a Women’s Health Fair in Lancaster attended by over 300 individuals (Service Area 1, Supervisorial District 5)
- Attended a Westside Faith Leaders Collaboration on Mental Health (Service Area 5, Supervisorial District 3).

Between January 1 to June 30, 2007, LACDMH Outreach and Engagement staff has:

- Continued to support countywide stakeholder meetings attended by approximately 200 consumers, family members, mental health professionals, service providers, LACDMH line staff and management, faith based organizations and various community leaders.
- Increased awareness at Service Area Advisory Committee meetings in all eight Service Areas.
- Worked with the Office of Consumer Affairs, the Client Coalition, Project Return, and families to engage and increase consumer participation in the planning and implementation processes.

❖ **Under-Represented Ethnic Populations (UREP)**

During the initial planning process for the CSS Plan, the UREP Workgroup had met extensively to develop guiding principles and recommendations for DMH and MHSA services. These recommendations were instrumental in establishing the Department’s MHSA values and strategies in working with under-represented ethnic groups. In June, 2007, DMH established an internal UREP workgroup unit within the Planning Division to address the ongoing needs of targeted ethnic and cultural groups. The UREP unit has established sub-groups dedicated to working with the various under-represented ethnic populations in order to address their individual needs. These groups are: African; Asian/Pacific Islander; Eastern European/Middle Eastern; Latino, American-Indian.

❖ Improving Access

Service Area Navigators and Countywide Resource Management based at the ACCESS Center are examples of the Department's attempts to improve linkage and access to mental health services in Los Angeles County. Service Area Navigator staff engage individuals and groups of all ages within targeted communities for the purpose of linking consumers and family members to appropriate services, and function as a gateway to FSP services, resulting in stronger local provider networks and more effective service referrals.

❖ Homeless Outreach and Mobile Engagement (HOME) Team

Appropriation of MHSA funds for the Homeless Outreach and Mobile Engagement (HOME) Team was approved by the Board on March 6, 2007. During the four month period from March – June 30, 2007, the HOME Program (1) recruited and hired two of the eleven allocated staff (2) trained staff on homeless outreach, engagement, linkage and recovery model (3) developed outcome measures and outreach/linkage tracking documents (4) met with 15 community agencies and County programs to begin the process of collaborating on outreach and engagement (5) conducted street outreach to over 400 homeless persons in Skid Row through the Safer City Initiative.

The HOME program will extend its street outreach to other areas of LA County, including a permanent team in Antelope Valley and will continue collaborating with local agencies on homeless outreach and engagement.

❖ Outreach Efforts

Engaging target populations and communities was accomplished by participating in forum discussions on domestic violence at schools and supporting local NAMI meetings and activities throughout the County. Partnerships and collaborations with other County departments (such as Probation, Department of Children and Family Services, District Attorney's Office, and Department of Public Social Services), and educational institutions and school districts (Whittier Union High School District, Los Angeles Unified School District) are vital to the work of the Outreach and Engagement staff.

Involving specifically targeted populations in the MHSA planning and system transformation is the charge of the Outreach and Engagement staff. Staff is assigned to each Service Area, including a Mental Health Services Coordinator paired with a consumer or family member Community Worker. Outreach and Engagement efforts have focused extensively on establishing communication with local neighborhood councils and community leaders. These efforts are aimed at increasing awareness about mental health to reduce stigma, and integrating consumer and family member feedback into the planning process for transformation of our mental health system. Service Area staff have outreached to the following targeted underserved and ethnic populations: African American, Armenian, Asian,

Egyptian, faith based organizations, hearing impaired (using American Sign Language), Hispanic/Latino, homeless, Indian, Iranian, Korean, Russian, older adults, TAY, Gay, Lesbian, Bisexual, and Transgendered individuals, probation youth, and foster care youth.

❖ **Education and Stigma Reduction**

Staff continued to meet regularly with law enforcement agencies to provide information on mental health programs and resources available to police officers when dealing with a mentally ill individual in the field. Staff provided MHSA educational materials and/or made presentations in their Service Areas and at Service Area Advisory Committee (SAAC) meetings. In addition, staff presented at community fairs/cultural events attended by the targeted populations, such as the Tet Festival (Service Area 3, Supervisorial District 1). Chinese Lantern Festival (Service Area 3, Supervisorial District 1), Cinco de Mayo Festival (Service Area 3, Supervisorial District 1), “ May is Mental Health Month” at Indian Village (Service Area 3, Supervisorial District 1), AIDS Project LA (Service Area 4, Supervisorial District 3), and the Housing Authority Senior Health Fair (Service Area 4, Supervisorial District 2).

Reducing the stigma associated with mental illness is important to successful outreach and engagement efforts. Service Area staff attended a variety of community meetings and neighborhood gatherings to participate in anti-stigma campaigns at Rotary Clubs and SAAC meetings, and were involved in related discussions at schools (Cal State University, Northridge; Phillips Graduate Institute; Citrus College; Mt. San Antonio College; University of California, Los Angeles; Santa Monica College) and other organizations (DCFS; Regional Center) on anti-gang violence and domestic abuse.

► CULTURAL COMPETENCE

Transformation activities involving cultural competence goals in all aspects of program design, administration and service delivery include:

- Conducted and participated in conferences on Hope and Recovery: Empowering Our Lives; a Countywide Multicultural conference, and The African American Conference: Best Practices in Providing Culturally Competent Mental Health Services to Persons of African Heritage.
- Offered training to all FSP mental health staff addressing the following: diversity and unlearning prejudice; Geriatric Field Capable Screening Protocol; Assessment and Treatment of the Elderly in a Mental Health Setting; Integration of Spirituality in Clinical Practice and Recovery Model; How to be an Interpreter; How to use an Interpreter; Embracing Recovery: Mental Health Providers and Faith Leaders Working Together; Shifting to the Culture of Recovery.
- Sponsored and coordinated various activities to partner with the faith-based/spiritual community. The Annual conference For Faith-Based Leadership on Fighting Stigma was held on May 21, 2007 at the California Endowment's Center for Health Communities. Close to two hundred members representing the different faith-based leadership participated in the conference. The Westside Faith Leaders Collaboration on Mental Health in Service Area 5 conducted a workshop and an open forum on May 10, 2007. The purpose of the event was to provide the participants with the mental health resources available and to gather data on the mental health needs of their communities.
- Piloted a program in Service Area 2 for older adults diagnosed with depression and diabetes from different ethnic/racial heritage including Latinos, Armenians, and Pacific Islanders.
- Coordinated several services and activities to ensure the inclusion of the consumers, family members, and caregivers representing the diverse population of the Los Angeles County. One such activity was to reconvene the Under-represented and Underserved Population (UREP) Workgroup to clarify their issues for CSS implementation, WET and PEI planning and implementation.
- Provided Spanish translation for pertinent written materials distributed at all stakeholders, System Leadership Team meetings, and MHSA presentations and/or events. Also provided interpretation and supports for consumers, family members, parents, and caregivers at these events.
- Began translating the Beneficiary Medi-Cal Guide into Arabic (Thirteenth threshold language).

Lives We Have Touched

Below are true success stories provided by various programs within the Department. The information contained in the stories are all true. Names have been changed to protect the privacy of the individuals involved.

Service Area 4, Supervisorial District 1

In November 2005, Erica, a 55 year-old Caucasian female, came to Percy Village from Meadowbrook Manor IMD. Erica did very well at Percy Village and regularly attended the Friday afternoon groups which are facilitated by Countywide Resource Management's Mental Health Peer Advocate Deborah Anderson. Erica contributed greatly to the groups and even assisted in setting up and preparing coffee for the groups. While at Percy Village, Erica met a fellow resident named Jason and the two quickly became inseparable. With Deborah's assistance, advocacy, and support, both Erica and Jason were discharged to the same board & care facility in early 2007. Erica and Jason are still together and plan on having a commitment ceremony to commemorate their union later this year. Even though Erica is now at a board and care and busy preparing for a new life with Jason, she has not forgotten Percy Village.

Service Area 4, Supervisorial District 1

Jessica, a 62 year-old Caucasian female, was admitted to La Paz Geropsychiatric Center in October 2006, where she became roommates with Helen, a 48 year-old Caucasian female. Helen was awaiting placement at an Enriched Residential facility and became quite discouraged with the time it was taking to discharge to the Enriched Residential facility. Helen's discouragement rubbed off on Jessica, and soon they were both lying in bed all day, everyday, unmotivated and not participating in any groups or activities. Rhonda Layton started with Countywide Resource Management's IMD Administration Program as a Mental Health Peer Advocate in December 2006 and was assigned to La Paz. Rhonda quickly noticed Jessica's and Helen's discouragement and would go to their room everyday to say "Hello" and would take the time to talk to Jessica and Helen individually, encouraging them to participate in activities, as well as motivating them to continue to have hope. Jessica and Helen gradually became more and more involved and ventured out of their room to participate in activities. Helen eventually discharged to an Enriched Residential facility. Although this was good news for Helen, Jessica again became sad and withdrawn, feeling that she was "left alone". Rhonda kept talking to and supporting Jessica through this time of transition. Soon afterwards, Jessica received another roommate, and they became fast friends. However, instead of displaying sadness and being withdrawn, Jessica remembered Rhonda's words and became a motivating figure and "mentor" for her new roommate. They motivated each other and encouraged each other to do well. Both discharged to the same board and care in May 2007, where they are now again roommates and doing well.

Service Area 6, Supervisorial District 2

Denise is a 48 year old African American female with a 3 year old daughter, who was homeless with a co-occurring disorder. An FSP client since January, 2007, she was referred by an Urgent Care Center. She and her daughter were placed in a transitional living facility for women with children. She has remained clean and sober since being enrolled in a FSP recovery program. Denise has been working with our housing specialist and was approved for section 8 housing.

Service Area 6, Supervisorial District 2

Anika is a 30-year-old African American, Muslim female who is dually diagnosed and was referred to our FSP program via jail linkage. Her partner, Malik, is a 28-year-old African American male who is dually diagnosed and has been homeless. She reported continual problems related to her symptom management, substance abuse, and the inability to incorporate her five children and partner in her treatment plan and services. FSP program allowed for our staff to outreach to Anika's homeless partner, and provide comprehensive mental health services as well as housing. Anika and Malik have remained abstinent from substances, and have been taking their medication for 5 months. Their increased independence is exhibited by learning public transportation, signing up for classes at Long Beach Community College, and taking steps to engage in family planning with the assistance of staff and Planned Parenthood. They are active in classes at our clinic, have become role models for their peers, and have increased being proactive in their recovery process.

Service Area 2, Supervisorial District 3

Community Outreach can mean many things. It can be general public education where stigma and ignorance are the target. It can be visiting providers and describing new services so they will have the means and know-how to access them. It can mean visiting groups of family members and consumers and demonstrating that the mental health system is evolving in a way that is both more user-friendly and effective, instilling hope in a brighter future.

In rare instances, it can mean all three. The trip to the Victory Clubhouse to describe new services funded by the Mental Services Act was an example of such an event. The room was filled with roughly 60 consumers. We showed that the Recovery Model, where hope and goals are being incorporated into treatment plans, is being vigorously adopted by the Department of Mental Health. This news was warmly received. We showed that consumers and family members are being recruited and hired by the Department, and we openly spoke of how mental illness has affected ourselves and families, reducing stigma.

The most successful aspect of the meeting though was when a woman came up after the presentation and asked if she could receive help with her daughter, who also had a mental illness and desperately needed help. She was brought in contact with the System Navigators who were able to bring necessary services to not only her daughter, but two

other siblings. Without this meeting, her children might not have received services for a much longer time or, worse, not at all.

Service Area 5, Supervisory District 3

David is a 42 year old White male who was referred by a local hospital. At the time of referral, he was experiencing severe depression with difficulty focusing and remembering, had been homeless for many years, and had a 10 to 15 year history of heavy alcohol drinking. His overall physical health was poor, he was dirty, disheveled and malodorous, barely conversational, and he heard voices. He had no idea what to do, but for the first time with strong urging from hospital staff, he was willing to accept help. He was on General Relief and had no previous mental health treatment upon which to base an immediate benefit application. The FSP Provider from SA 5 began working with David, slowly engaging him and building trust. They made arrangements for David to go into a local alcohol treatment program but not after too long, he relapsed and was asked to leave the program. Despite this setback, David did not give up on himself. He was referred to another residential treatment program where he started working with the residential staff. He was transported his appointments to see his psychiatrist, general medical doctor, and the social security office. Flexible funds were used to purchase clothes and other personal items. Since then, David has been sober for over 8 months. He is still in a residential treatment program and plans to move to sober living once he is ready to leave the structure of a residential program. He is working on improving his physical health, and takes his psychiatric medications, which are helping him function better and emerge from the fog of his depression and substance dependence. David has started to discuss what he wants for his life beyond basic survival. David impresses his team with his sense of humor and creativity, and is starting to be able to envision himself living beyond his next birthday.

Service Area 7, Supervisorial District 4

Cathy, a 62 year old Caucasian woman, has struggled to cope with her mental illness having been in and out of psychiatric hospitals since the age of 27. She was linked to FSP while still she was in an IMD. Though initially quite reluctant to move from a secured facility into the community, Telecare's Older Adult team engaged Cathy for two months to provide on-going support and encouragement during the transition from La Paz to a board and care.

Cathy has adjusted well to her new residence, is getting along with her roommate and is friendly with staff and other residents. Cathy takes daily walks in the local community, enjoys participating in music activities at her board and care and has adjusted socially. Cathy has made slow, but consistent progress in her recovery, and shows great promise in succeeding in the community. She is forthcoming with Telecare staff, sharing how appreciative she is of the assistance she's received. Cathy has been a wonderful example of how older adults struggling with mental illness can slowly, but surely succeed with the assistance of FSP services.

Service Area 8, Supervisorial District 4

Joseph is a 37 year old Chinese Vietnamese American. He was placed in an IMD, Oliva Vista, for 8 years, due to the severity of his mental illness and low cognitive functioning. During this time he lost contact with his family and he was unable to communicate to staff how to find them. FSP from Long Beach Asian Mental Health Clinic/Asian Pacific Alliance got involved May, 2007 and he was placed in Harbor View House. Joseph often communicated with his Psychiatric Social Worker in Cantonese and asked his PSW to take him to Chinatown to look for his family. Joseph guided his PSW to a senior center where he used to hang out with a family friend who he called "Auntie Chung". Initially, it was difficult locating "Auntie Chung". Coincidentally, "Auntie Chung" was at the senior center the same day as Joseph. "Auntie Chung" immediately helped Joseph locate his sister and brothers in Las Vegas. The family reunited for the first time in 8 years. Currently Joseph is in recovery and is stable under his current medication with FSP care from Long Beach Asian MH/API alliance.

Service Area 3, Supervisorial District 5

Anthony, a 13 year old Latino male and a FSP client, witnessed a homicide in front of his house. His family became scared for their lives since gang members where at their door every night harassing their son. The family moved and Anthony who was on probation was taken into protective custody by the Probation Department. Service Area 3 Housing Specialist and MHSA Funded contracted agency moved them into a hotel and paid for their temporary stay. The Housing Specialist further assisted the agency in applying for homeless section 8 housing for client and family. SA 3 Housing Specialist worked with the contracted agency and secured a three bedroom house for the entire family.

Service Area 3, Supervisorial District 5

The negative school behavior of Jimmy, a 14 year old Latino boy, required his mother to attend frequent school meetings, contributing to her losing multiple jobs and thereby losing her last two apartments. At risk of homelessness, Client Supportive Services assisted the family with emergency housing and procured permanent housing within one week. With the stressor of homelessness removed and mental health services in place, the Jimmy has stopped tagging and completed his community service hours and now is regularly attending school.

LA County Department of Mental Health Web Site <http://dmh.lacounty.info/stp>

For additional information, please call Tara Yaralian, Psy.D. at 213-251-6814.